|                   | NAME OF     COMMITTEE (in full)  | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5                       | 21  |  |  |  |  |  |  |  |  |
|-------------------|--|----------------------------|--|-------------------------------|---|--|--|--|--|--|--|--|--|
|                   | RIN PAC  |                            |  | <u> </u>                      |   |  |  |  |  |  |  |  |  |
|                   | (RESTORE INTEGRITY NOW)  |                            |  |                               |   |  |  |  |  |  |  |  |  |
|                   | ADDRESS (number and street)  | 1140 5th AV                | ENUE S.                                  |                               | 1111  |  |  |  |  |  |  |  |  |
| 1                 | (Check if address is changed)  | SUITE 301                  |  |                               |   |  |  |  |  |  |  |  |  |
| 1503 · 143 · 2878 | io onungoe/  | EDMONDS .                  |  | WA 19802<br>STATE ▲           | O - L ZIP CODE A                                  |  |  |  |  |  |  |  |  |
| 1                 | COMMITTEE'S E-MAIL ADDR  | ESS                        |  |                               |   |  |  |  |  |  |  |  |  |
| <u> </u>          | (Check if address is changed)  | RINPAC@POLITICIAN.COM      |  |                               |   |  |  |  |  |  |  |  |  |
| -<br>2<br>3       | (a) (b) (a) (a) (b) (a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Optional Second E-Mail Ad  | dress                                    | <u> </u>                      | <del></del>                                       |  |  |  |  |  |  |  |  |
| 8                 | COMMITTEE'S WEB PAGE AI  (Check if address is changed)                         | DDRESS (URL)               |  |                               | <del>                                      </del> |  |  |  |  |  |  |  |  |
|                   | 2. DATE 06 1   |                            |  |                               |   |  |  |  |  |  |  |  |  |
|                   | 3. FEC IDENTIFICATION NUMBER ▶ C 0.0.5.7.7.6.8.4                               |                            |  |                               |   |  |  |  |  |  |  |  |  |
|                   | 4. IS THIS STATEMENT   | NEW (N) OR                 | XXX AMENDED (A)                          |                               |   |  |  |  |  |  |  |  |  |
|                   | I certify that I have examined  Type or Print Name of Treasur                  | IOMN I /V                  | t of my knowledge and belief             | it is true, correct and compl | ete.  |  |  |  |  |  |  |  |  |

Date

**FEC FORM 1** 

(Revised 06/2012)

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

NOTE: Submission of false, erroneous of incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

STATEMENT OF

**ORGANIZATION** 

**FEC** 

FORM 1

Signature of Treasurer

Office

Use

Only

| Pa | a | e | 2 |
|----|---|---|---|
|    |   |   |   |

| FEC Form 1 (Revised 02/2009)   | age 2                     |
|--|---------------------------|
| TYPE OF COMMITTEE  |                           |
| Candidate Committee:   |                           |
| (a) This committee is a principal campaign committee. (Complete the candidate information below.)  |                           |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)  | candidate                 |
| Name of  Candidate  Liliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii  |                           |
| Candidate Office Stat Party Affiliation Sought: House Senate President Dist  |                           |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                           |
| Name of Candidate  |                           |
| Party Committee:   | - * -                     |
| (d) This committee is a (National, State (Democr or subordinate) committee of the Republic   | atic,<br>an, etc.) Party. |
| Political Action Committee (PAC):  |                           |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or  | rganization is a:         |
| Corporation Corporation w/o Capital Stock  | Organization              |
| Membership Organization Trade Association Coope  | rative                    |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                           |
| (f) XXX This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)  | I fund or party           |
| In addition, this committee is a Lobbyist/Registrant PAC.  |                           |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |                           |
| Joint Fundraising Representative:  |                           |
| (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate. | e political               |
| (h) This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two or mor committees/organizations, none of which is an authorized committee of a federal candidate.          | e political               |
| Committees Participating in Joint Fundraiser   |                           |
| 1.   |                           |
| 2.   |                           |
|  |                           |
|  |                           |
| 4. FEC ID number C   |                           |

| FEC Form 1 (Revised 02/2009)  | Page <b>3</b>                 |
|---|-------------------------------|
| Write or Type Committee Name  |                               |
|   |                               |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or   | Leadership PAC Sponsor        |
| NONE  | 111111111                     |
|   |                               |
| Mailing Address   |                               |
|   |                               |
|   |                               |
| CITY STATE  | ZIP CODE                      |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative  | B Leadership PAC Sponsor      |
| <ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the pers<br/>books and records.</li> </ol>             | on in possession of committee |
| Full Name   |                               |
| Mailing Address   |                               |
|   |                               |
|   | <u> </u>                      |
| Title or Position CITY STATE  | ZIP CODE                      |
| TREASURER Telephone number  | <u> </u>                      |
| 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; an any designated agent (e.g., assistant treasurer). | nd the name and address of    |
| Full Name JOHN L. VILLESVIK of Treasurer  |                               |
| Mailing Address [1,140,5th, AVENUE S.   |                               |
| <u> SUITE 301                                      </u>   |                               |
| EDMONDS WA  | 98020  -[ , , ,               |
| CITY STATE  | ZIP CODE                      |
| TREASURER Telephone number 425  | 5 - 931 - 2514                |

|    | Full Name of<br>Designated<br>Agent                     |                 | <u> </u>                       |                     | 11        |        | <u></u>       |            |          | 11      |       |       | <u> </u>       |      | 1_1             |       | <u> </u>    | 1.1   | L    | <u>i_</u> | 1_1  |
|----|---|-----------------|--------------------------------|---------------------|-----------|--------|---------------|------------|----------|---------|-------|-------|----------------|------|-----------------|-------|-------------|-------|------|-----------|------|
|    | Mailing Address   |                 | L                              |                     |           | ш      |               |            |          |         |       |       |                |      | 1_1             |       |             |       |      | <u> </u>  |      |
|    |   |                 |                                |                     |           | 11     |               |            | <u> </u> |         |       |       | 1_1            |      | 1_1             |       | <del></del> | 1.1   |      | L L       | 11   |
|    |   |                 | L                              | 1-1-                | 1-1-      |        | CITY          |            | <u></u>  |         |       |       | ST             | ATE  | ]               | L     | L_L         | ZIP   | ] -  | L_<br>DE  | 1_1  |
|    | Title or Position                                       |                 |                                |                     |           |        |               |            |          |         |       |       |                |      |                 |       |             |       |      |           |      |
|    |   | لللل            | 1_1_                           | لللل                |           |        |               |            |          | Te      | lepho | ne ni | mbe            | r    | Щ               |       | -L          | 1.1   | _]-  | L         |      |
| _  |   |                 |                                |                     |           |        | <u> </u>      |            |          |         |       |       |                |      |                 |       |             |       |      |           |      |
| 9. | Banks or Other<br>safety deposit box<br>Name of Bank, D | es or m         | aintains                       | ist all c<br>funds. | oanks (   | or oth | er aep        | iositori   | es in '  | WHICH   | 110   | O     | mee            | depo | osits 1         | funds | i, hol      | ds ac | coun | ts, rei   | nts  |
| 9. | safety deposit box                                      | es or m         | aintains<br>, etc.<br>ASE      | funds.              | ŅĶ        |        |               |            | es in    | willeri |       | L_L   |                | L    | L L             | L_    | i, hol      | ds ac | coun | ts, rei   | nts  |
| 9. | safety deposit box<br>Name of Bank, D                   | es or m         | aintains<br>, etc.<br>ASE      | funds.              | ŅĶ        |        |               |            | es in    |         |       |       |                |      |                 | L     | i, hol      | ds ac | L    | ts, rei   | nts  |
| 9. | safety deposit box<br>Name of Bank, D                   | es or m         | aintains<br>, etc.<br>ASE      | BA                  | ŅĶ        | I A\   | VE,           |            | es in    |         |       |       | - <del>-</del> | <br> | <del></del><br> |       |             | ds ac |      | ts, rei   | nts  |
| 9. | safety deposit box<br>Name of Bank, D                   | es or m         | aintains<br>, etc.<br>ASE      | BA                  | NK<br>5TF | I A\   | VE,           | <b>\$.</b> | es in    |         |       |       |                |      | <b>1</b>        |       |             | 20    |      | <u> </u>  | nts  |
| 9. | safety deposit box<br>Name of Bank, D                   | es or mepositor | aintains<br>, etc.<br>ASE<br>4 | BA                  | NK<br>5TF | I A\   | ✓ <b>,E</b> , | <b>\$.</b> | es in    |         |       |       |                |      | <b>1</b>        |       |             | 20    |      | <u> </u>  | nts  |
| 9. | safety deposit box Name of Bank, D Mailing Address      | es or mepositor | aintains<br>, etc.<br>ASE<br>4 | BA                  | NK<br>5TF | I A\   | ✓ <b>,E</b> , | <b>\$.</b> | es in    | ·i      |       |       |                |      | <b>1</b>        |       |             | 20    |      | <u> </u>  | nts  |
| 9. | safety deposit box Name of Bank, D Mailing Address      | es or mepositor | aintains<br>, etc.<br>ASE<br>4 | BA                  | NK<br>5TF | I A\   | ✓ <b>,E</b> , | <b>\$.</b> | es in    | 1 1     |       |       |                |      | <b>1</b>        |       |             | 20    |      | <u> </u>  | ints |

CITY

Page 4

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

#301 Edmonts, With

Federal Election Commission aga E St., IVW

Washington DC

2.9402

ակարարարարդիրի արդերություն արդերի արդերի

TO MAIN STATE PAR 4 L

2015 JUN 23 AM 7: 21

RECEIVED MAIL CENTER

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

| The FEC added this page to the end of this filing to ind | icate how it was received. |
|--|----------------------------|
| Hand Delivered   | Date of Receipt            |
| USPS First Class Mail    Postmarked                      | Date of Receipt            |
| USPS Registered/Certified                                | Postmarked (R/C)           |
| USPS Priority Mail                                       | Postmarked                 |
| USPS Priority Mail Express                               | Postmarked                 |
| Postmark Illegible                                       |                            |
| No Postmark  |                            |
| Overnight Delivery Service (Specify):                    | Shipping Date              |
| Next Bu  | siness Day Delivery        |
| Received from House Records & Registration Office        | Date of Receipt            |
| Received from Senate Public Records Office               | Date of Receipt            |
| Received from Electronic Filing Office                   | Date of Receipt            |
| Other (Specify):   | e of Receipt or Postmarked |
| PREPARER MP  | 6/23/15<br>DATE PREPARED   |